

**REAL ESTATE OPERATIONS SUPPLEMENT**

1. Name of Applicant:
2. Please complete the appropriate sections stating the annual gross commissions and/or fees earned during the last 12 months:

a.	Real Estate Sales / Brokerage	\$ _____	
	Number of Transactions	_____	
b.	Real Estate Property Management	\$ _____	
	Types of Properties Managed	_____	
c.	*Real Estate Appraisals	\$ _____	*Please complete the Appraisers Supplement
	Number of Appraisals	_____	
d.	*Mortgage Brokerage	\$ _____	*Please complete the Mortgage Brokers Supplement
	Number of Loans Placed	_____	
e.	Syndication/Partnerships	\$ _____	
f.	Property Development	\$ _____	
g.	Real Estate Leasing	\$ _____	
	Number of Units Leased	_____	
h.	Real Estate Consulting	\$ _____	
<b>TOTAL COMMISSIONS / REVENUE</b>		<b>\$ _____</b>	

3. Are sales personnel employees or independent contractors? \_\_\_\_\_

If they are independent contractors, is covered desired for them?  Yes  No

4. Please complete the following if the Applicant manages property.

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| a. Is a budget plan prepared for each property managed?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Is the Applicant involved in space merchandising?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are credit reports obtained on perspective tenants?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Is the Applicant responsible for negotiating, effecting or maintaining insurance coverages on properties managed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Indicate the percentage of total gross income derived from the following:

Commercial _____	Residential _____
Industrial _____	Agricultural _____
Undeveloped Land _____	Other: (describe) _____

6. Does the Applicant or any person for whom coverage is being requested have any ownership or equity interest in any property being managed or held for sale? *If "yes", please attach a schedule for such properties and interests.*  Yes  No

7. Does the Applicant offer any home warranty / protection plans?  Yes  No  
*If "yes", please advise name of plans and percentage of transactions involving such plans.*

**NOTICE**

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

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nature of Owner, Partner or Principal	Title	Date	Sig
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